



# M I L E S T O N E S   A N D A C C O M P L I S H M E N T S :

## Mental Health, Developmental Disabilities, and Substance Abuse Services in North Carolina

*North Carolina's Mental Health, Developmental Disabilities, and Substance Abuse Services is a system in transformation and motion. In the years following the General Assembly's mandated mental health reform, we have worked hard to improve services and delivery. We now offer people with mental illness, developmental disabilities, and substance abuse problems new and expanded services that have been proven effective. Increased funding has allowed us to provide more services to more people. Despite some early missteps, I believe the long-promised vision of reform is being realized. Much work remains before we fully achieve the goals that mental health reform has set for us, but it is important not to lose sight of how much has been done. I invite you to read this summary of the accomplishments and milestones of mental health reform over the past six years.*

Carmen Hooker Odom

Secretary

N.C. Department of Health and Human Services

### 1) COMMUNITY SERVICES

- Expanded access and provided services to more consumers. In state fiscal year 2006 the public mental health, developmental disabilities and substance abuse services system served 17,298 more consumers than were served in state fiscal year 2001. In SFY 2006, services reached 326,671 people.
- Designed and implemented statewide a new service array of evidence-based mental health and substance abuse services.
- NC was first state in the country to receive federal approval to cover Multi-Systemic

Therapy, an evidence-based service for adolescents with serious emotional disturbances, through the Medicaid program.

- New substance abuse array includes a service that meets every level of the recommended service continuum from the American Society of Addiction Medicine (ASAM).
- Implemented a redesigned Medicaid waiver for individuals with developmental disabilities (CAP-MR/DD) that provides more flexibility and lays the foundation to move to self-directed services.

- Increased funding for the CAP-MR/DD Waiver to add over 3,050 Medicaid-eligible individuals faced with a loss of service due to a federal decision to discontinue a previously approved Medicaid service.
- Allocated more than \$50 million in Mental Health Trust Funds to address one-time system transformation and capacity building needs.
- Implemented new rules for Child Residential Treatment providers designed to improve the health and safety of children served in those facilities through increased staffing and increased staff qualifications.
- Designated 15 crisis planning regions, in collaboration with Local Management Entities, responsible for developing plans to meet the crisis needs of the state.
- Allocated funding to support dedicated System of Care liaisons in each Local Management Entity to better coordinate services for children following the System of Care best practice model.
- Implemented the Crisis Intervention Team (CIT) model in Wake County, designed to train law enforcement to better meet the needs of individuals in mental health and substance abuse crises. Working to expand program statewide. More than 100 law enforcement officers from 10 agencies have been trained.
- Hosted a Governor's Summit on Returning Combat Veterans and Their Families to identify ways to better serve these individuals.
- Implemented the North Carolina Methamphetamine Treatment Initiative (NCMTI) which is designed to support treatment for methamphetamine users in response to the increased concern over methamphetamine addiction in the state by targeting the four Local Management Entities (LMEs) hardest hit by methamphetamine. The NCMTI sponsored over 56 hours of training and clinical supervision on the Matrix Model for over 125 clinicians receiving Matrix Intensive Outpatient Treatment training and more than 150 community partners.
- Established the office for the North Carolina Problem Gambling Program and a process for people seeking assistance. Implemented helpline which received 2,091 lottery helpline calls and responded to 182 help-seeking calls from problem gamblers and/or family members. Established website for problem gambling assistance.
- Created the NC Practice Improvement Collaborative, a group of clinical leaders, research leaders and consumers and advocates, charged with continuously evaluating new and promising services to ensure that NC offers the best possible service array for individuals with mental illness, developmental disabilities and substance use disorders.
- Funded six new Oxford Houses for individuals recovering from substance use disorders, bringing the total number of Oxford Houses in NC to 106, providing homes for nearly 800 people.
- Developed and implemented, in partnership with the North Carolina Housing Finance Agency, a program of rental subsidies to assist individuals with disabilities in obtaining safe, decent, affordable housing. Expanded the program with support from the General Assembly in 2006 to build and provide rental assistance for an additional 400 housing units.
- Through a contract with consultants, the Division developed a Long Range Plan Report and cost model to determine the cost of providing needed services in the community. Concurrent with this Long Range Plan and cost models, a Finance/ Allocation model was developed to assist in determining how services might be funded and how to reduce funding variability among LMEs to ensure an equitable distribution of resources.
- Established behavioral health/physical health pilot program. The Division is committed to ongoing support of four initial pilots on integration and planned expansion to form additional sites in the future.
- Established efforts to support and stabilize psychiatry through funding for recruitment and retention of psychiatrists, support for non-billable services provided by psychiatrists and increases in Medicaid rates for psychiatric services.



## 2) *INSTITUTIONAL SERVICES*

- Permanently closed 539 state psychiatric hospital beds and transferred over \$15.4 million in annual recurring savings from the hospitals' budgets to the community to pay for community services.
- Permanently closed 82 beds in the state developmental centers and transferred \$4.1 million in Medicaid from the centers' budgets to the CAP-MR/DD program to pay for community services. An additional \$380,000 in annualized recurring savings in State funds have been transferred to the community to pay for community services.
- Established 15 additional detoxification beds at the R. J. Blackley Alcohol and Drug Abuse Treatment Center. Opened 10 detoxification beds at Julian K. Keith. Began renovations to add an additional 20 beds at JFK and 24 beds at Walter B. Jones ADATC.
- Initiated strategic planning in the ADATCs. Developed new mission statement and created a redesigned evidence-based treatment model.
- Assessed all consumers served in state psychiatric hospitals and state developmental centers to determine their interest in and need for community services.
- Converted Black Mountain Center from ICF-MR to Skilled Nursing, providing a new model of care for people with developmental disabilities who are aging and have healthcare needs.
- Announced plans to restructure the mission of O'Berry Center to meet the needs for nursing facility care for people with developmental disabilities.
- Undertook construction of a new state psychiatric hospital in Butner to replace aging facilities at Dorothea Dix and John Umstead Hospitals. Planning in progress to replace Broughton and Cherry hospitals.
- Improved the provision of psychiatric services in the State hospitals for individuals who are deaf and hard of hearing by the relocation of the specialized deaf and hard of hearing unit from Dix Hospital to Broughton Hospital in Morganton – in close proximity to the specialized resources

available through the Western NC School for the Deaf.

- Established 10-bed PATH Program (Partners in Autism Treatment and Habilitation) at Murdoch Center for children with autism and a 4-bed PATH group home for the Granville County Community.
- Established the Specialized Treatment for Adolescents in a Residential Setting Program (STARS) by realigned 18 Whitaker School MR/MI beds to Murdoch Center.
- Established 10-bed MRMI program at Caswell Center for adult males.

## 3) *SYSTEM ORGANIZATION AND OPERATION*

- Created a State Consumer and Family Advisory Committee (SCFAC) to provide an open venue for consumers and family members to provide advice and input to the Department of Health and Human Services. Required and facilitated the creation of Consumer and Family Advisory Committees for each Local Management Entity.
- Facilitated transformation of Area Authorities from service providers to Local Management Entities.
  - Mergers have reduced the number of Local Management Entities from 40 to 30. Impending mergers scheduled for completion by July 1 will further reduce the number by 6.
  - Most Local Management Entities have successfully recruited providers and reduced service provision in accordance with legislative requirements that they focus on management functions.
  - Defined LME functions as the manager of the public MH, DD and SA system and implemented a new funding strategy for funding LME systems management functions.
- Reorganized the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services along functional lines to correspond to the requirement of reform.

- ☐ Created an Advocacy and Customer Service Section within the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to serve the function of the Consumer Advocacy Program envisioned in the reform legislation but never funded by the General Assembly.
- Implemented a provider endorsement process to ensure that providers enrolling in the Medicaid program to serve individuals with mental health, developmental disabilities and substance abuse services needs meet minimum quality requirements. In nine months, have endorsed more than 2,000 providers.
- Implemented new information technology systems to provide the data necessary to track system performance and guide policy decisions based upon quantifiable data.
  - ☐ The NC Treatment Outcomes and Program Performance System (NC-TOPPS), an on-line system which tracks outcomes for consumers with mental illness and substance use disorders and measures providers' performance in achieving positive outcomes.
  - ☐ The Integrated Payment and Reporting System (IPRS) to gather data on state funded services and supports to consumers.
- Created a Cultural and Linguistic Competency Advisory Committee to make recommendations regarding strategies to ensure that services meet the needs of varied populations within North Carolina. Adopted and published a Cultural and Linguistic Competency Action Plan.
- Created and implemented various committees, communications series, trainings and interactive events to improve communication with all participants and interested individuals.
  - ☐ Created the External Advisory Team comprised of advocates, consumers and other stakeholders to provide advice and guidance on policy decisions.
  - ☐ Created the Provider Action Agenda to deal specifically with the needs of providers in the new, privatized service delivery environment.
  - ☐ Hosted 16 Town Meetings across the state.
  - ☐ Created Communication Bulletins and Implementation Updates to inform the system.
- Established system for recognized national agencies to accredit providers of MH, DD and SA services.
- DMH/DD/SAS and DFS staff conducted licensure reviews in 1,054 child/adolescent residential facilities. These reviews found that 305 facilities were vacant and that 83 of the vacant facilities had never served any clients. In addition, 458 facilities had standard deficiencies, 71 had administrative sanctions and 105 surrendered their license to operate.



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